

A GIFT for RH Project, Nepal:

Endline Evaluation

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EXECUTIVE SUMMARY

Introduction: The Centre for Development and Population Activities (CEDPA) is working towards achieving its mission by helping rural women and girls to acquire knowledge and skills to make informed decisions and to take appropriate actions to address their educational, social and reproductive health needs. Through its partnership with Aamaa Milan Kendra (AMK) – also known as Mothers' Club -- a national non-governmental organization (NGO) closely working with mothers and adolescent girls, CEDPA sought to improve communication between mothers and daughters about reproductive health and to improve adolescent girls' access to health information and services. A project, known as "Adolescent Girls Initiative For Their Reproductive Health" (A GIFT for RH Project), was implemented from early 2000 through mid-2002. The main approach of the project was to mobilize illiterate and out-of-school girls to make and act on informed decisions regarding their reproductive health and rights. The project covered nine VDCs of Baglung District, namely Kusmishera, Tityang, Dhullu, Baskot, Dhamja, Rangkhani, Hugdishira, Bhakunde and Kalika.

Methodology: In August 2002, CEDPA commissioned CREHPA to conduct an endline evaluation study to assess the achievement of the project. The evaluation study draws data from three sources: (1) the baseline sample survey of 209 girls conducted in December 1999, (2) the third phase of the special study on interrelationship between literacy and reproductive health conducted in February 2002 (covering all 899 girls participating the program), and (3) the endline survey of 220 girls conducted in August 2002. The endline survey collected data using both the quantitative and qualitative (case studies of girls and focus group discussions with stakeholders) approaches.

Results: The majority of the adolescent girls (53%) participating in the program came from disadvantaged communities. Half of the girls worked to support the family income. At the start, all the girls were illiterate; after two and one half years, nearly all of the girls (96%) can now read and 88 percent can write. At the same time, communication improved between the girls and their parents; now more than three-fifths of the girls mentioned that parents and daughter should jointly decide about a girl's marriage.

An important finding of this study was that the program was highly successful in improving knowledge, attitudes and health care practice. All adolescent girls (99%) who had experienced health problems reported that they shared their problems with their parents. Nearly all of the girls (93%) who had experienced health problems had consulted a health provider or health facilities. Most of these adolescent girls (91%) mentioned that they didn't have any difficulty to visit/consult the health facilities.

All of the adolescent girls realized that education is highly important. All of the girls recommended other illiterate girls for participating in such activities. Almost all of the girls built confidence to talk with parents and other people in the society if they felt were discriminated against.

The girls appeared confident to discuss personal matters with others. However, their preferences varied. More girls preferred to discuss with their mother about their personal matters.

All of the girls interviewed perceived the program as a useful one. They gained knowledge and skills that were directly applicable to their lives. They made smokeless ovens, improved toilets, visited health facilities and were able to maintain personal hygiene after getting involved in the girls' groups. All the girls shared with their relatives, with friends and other people in the community the knowledge gained from program. Nearly all of the girls started taking part in many social events such as polio day, vitamin 'A' day, women's day and reading campaign.

More than a half of the girls talked to community leaders/organizations about development projects in their villages. More than three-fifths of them were involved in development activities. The information from group discussion with community leaders shows that their participation in development projects was universal, and they had even taken initiative in some instances.

Nearly three-fifths of the girls talked about girls' needs or rights with community leaders or organizations. Almost all of the girls said they felt comfortable talking with them. All of the girls have noticed changes in several aspects of their lives after their involvement in the program.

Conclusions: The success of the program is clearly visible in terms of increased literacy and knowledge about reproductive health among the adolescent girls participating the program. The advantages of using literacy classes to teach adolescent girls about reproductive health and other matters are evident from the fact that the girls not only learned reading and writing but also changed their health care practices. Although the interventions were quite successful in enhancing awareness on reproductive health issues among the adolescent girls, it is difficult to be sure that they will continue to maintain these practices. Sustaining the program for a longer term is desirable for greater impact on practice.

The program appears successful in empowering these girls to take part in community life. The ability of the girls to interact with older persons both within and outside the family is an important outcome of the program. Their involvement in community mobilization and development projects is a significant contribution of the program towards the development of leadership capabilities among the girls. The girls' initiative towards, and their influential participation in, public forums such as Adolescent Girls Congress present a unique example of the achievement of the program.

However, in the absence of the control group, it is difficult to ascertain the extent to which the program itself contributed in empowering these girls to participate in and take initiative for development projects in their localities. Furthermore, any future intervention should emphasize enhancing negotiation skills of the girls.

Empowerment of Adolescent Girls

Case Study of Ganga

Ganga a thirteen-year-old girl, studying in class five, is presently living with her mother and two sisters. She was lazy and was not interested in studying. Rather than studying, she preferred to do household chores. Presently she has joined adolescent class. One of her teachers (Gyanu) encouraged her to join this class. Her mother too coaxed her to join the class. She was not interested at the beginning but slowly she began to enjoy her classes. She learned a lot from these classes and began to enjoy her lessons and passed her exams. Before joining the adolescent class she used to live in an unhygienic way. She never bothered to keep herself and her surroundings clean before joining this class and did not have much knowledge about it too. After joining this class she improved a lot on her hygiene. Earlier whenever she used to get sick she never went for check up. Later she learned about the health post and began to go check up and take her family members and advised other people to visit health post whenever they did not keep well. Most of the people listened to her and visited the health post. She did not have much knowledge about sanitation during menstruation and the right age to get married. She was not even aware of the stark consequences of these. When she came to know about it she took care. Now she has been chosen as President of her group and has had the privilege to undergo training for a door-to-door communication program at Baglung. After the training she went back to her village and taught her people whatever she had learned during the training, once in a week. She spoke to them about family planning methods and distributed books, which she had received during the training. She had the privilege to visit Pokhara and Kathmandu for participation in the workshop (adolescent girls conference). She feels honored to visit these places as she had not visited any place before she joined the adolescent class. She gives credit to her education because she feels that she would not have been able to speak before a crowd if she had not joined this class. Now she feels comfortable speaking to people and educating them regarding health and sanitation. Her mother is happy regarding her success and she too feels nice to share whatever she has learnt to other people. Thus this class had been an added advantage to her education.

Empowerment of Adolescent Girls

Case Study of Nari Kishan

Nari Kishan, a 16-year-old girl, lives with her parents, four sisters and a brother. She says that she could not pursue her studies because she lived in a joint family and the financial condition of her house was poor. When she heard that an adolescent education program was being conducted in her village, she, with the consent of her parents, joined those classes. Before joining this program she used to hesitate speaking before people, was not aware of personal hygiene, sanitation and did not have knowledge regarding reproductive health. She saw a lot of change in herself after joining this program. Here she learned that visits to a doctor were necessary, be it a severe or mild health problem. She even learned about family planning methods and that it was not safe to deliver children at a very early age, as it would affect the health of both mother and child. Nari has undergone door-to-door communication training and has advocated about STIs, AIDS and family planning methods. She has attended various adolescent programs at Kathmadu and Pokhara. She has taken active part in Polio Day, Vitamin 'A' Day and various programs related to health and sanitation. She gives sole credit to Aama Milan Kendra for bringing great changes in her and looks forward to take part in such skill-imparting program.

CHAPTER I: INTRODUCTION

1.1 BACKGROUND

The Centre for Development and Population Activities (CEDPA) is working towards achieving its mission by helping rural women and girls to acquire knowledge and skills to make informed decisions and to take appropriate actions to address their educational, social and reproductive health needs. CEDPA collaborates with government agencies and non-governmental organizations at various levels. CEDPA's support aims to contribute to achieving national goals as outlined in government policy and planning documents. Through its Better Life Options (BLO) Program, CEDPA supports activities for adolescent girls to challenge gender inequity and to expand their life options. Girls learn about such issues as human sexuality, basic health care, family planning, girl trafficking, women's legal and human rights and relationship. Girls are linked with non-formal education opportunities, including basic literacy training, and are encouraged to participate in formal schooling.

Through its partnership with Aamaa Milan Kendra (AMK) -- also known as Mothers' Club -- a national non-governmental organization (NGO) closely working with mothers and adolescent girls, CEDPA sought to improve communication between mothers and daughters about reproductive health and to improve adolescent girls' access to health information and services in nine VDCs of Baglung District, namely Kusmishera, Tityang, Dhullu, Baskot, Dhamja, Rangkhani, Hugdishira, Bhakunde and Kalika.

The project was known as "Adolescent Girls Initiative For Their Reproductive Health" (A GIFT for RH Project). The project was implemented from early 2000 through mid-2002. A baseline survey of the project was conducted by CREHPA towards the end of 1999 to examine the existing knowledge, attitudes and practice (KAP) regarding sexual and reproductive health of the illiterate and out-of-school adolescent girls to be enrolled in the adolescent groups. The A GIFT for RH Project in Baglung was phased out in June 2002. In August 2002, CEDPA commissioned CREHPA to conduct an endline evaluation study to assess the achievement of the project. This report presents the results of the evaluation study.

1.2 GOAL OF THE PROGRAM

The main approach of the project was to mobilize groups of adolescent girls (*Chelibeti Samuha*) to achieve the program objectives. The project intended to increase the ability of illiterate and out-of-school adolescent girls to make and act on informed decisions regarding their reproductive health and rights as well as to make the community and their peers aware of the same by participating in these Girls' Groups (*Chelibeti Samuha*).

The project considered that the primary concern for these girls is safe motherhood. However, there are other concerns as well. Nepal in particular has also witnessed the exploitation of young girls as sex workers, often with tragic consequences of their succumbing to STIs and HIV/AIDS. The project focused on these issues.

1.3 OBJECTIVES OF THE PROGRAM

The main objectives of the project were:

1. To improve the self-esteem of illiterate and out-of-school adolescent girls of age between 10-19 years for a total of 891 girls, and to provide them with non-formal literacy education, with much of the content focused on family life and reproductive health education so that they can make educated choices about their own lives.
2. To enhance the girls' communication with their parents and community members about the reproductive health needs and rights of these adolescent girls, through special awareness programs and community events.
3. To assist the members of the Girls' Groups to transfer the skills they learn in their non-formal education (NFE) to formal schooling through advocacy and networking at local level, by mobilizing parents, community, schools and non-governmental organizations in collaboration with local government.

1.4 OBJECTIVES OF THE EVALUATION STUDY

The objective of the evaluation study is to assess the achievement of the project. The evaluation intended to determine outcomes and assess the impact of the project in terms of project goals and objectives.

1.5 METHODOLOGY

The evaluation study draws data from three sources: (1) the baseline survey conducted in December 1999, (2) the third phase of the special study on interrelationship between literacy and reproductive health conducted in February 2002, and (3) the endline survey conducted in August 2002. The baseline survey was a sample survey of 209 adolescent girls in the project area¹. The special study was a census survey of all the adolescent girls participating the program².

The endline survey adopted quantitative and qualitative research tools to solicit required information. The quantitative component was the individual interviews with a sample of 220 program participant girls. The qualitative part included case studies and focus group discussions. The case studies were conducted with adolescent girls. The focus group discussions were organized with the mothers of adolescent girls and stakeholders.

¹ For detailed description, see Baseline Survey on Reproductive Health, Family Life Skills, Knowledge, Attitude and Practice among Illiterate Adolescent Girls in 'A GIFT for RH Project' area of Baglung District. A report submitted to CEDPA-Nepal by CREHPA, Kathmandu, 2002.

² For detailed description, see Interrelationship Between Literacy and Reproductive Health: A Longitudinal Study Among Adolescent Girls Participating Non-Formal Education In "A Gift For RH" Project Area, Baglung. A report submitted to CEDPA-Nepal by CREHPA, Kathmandu, 2002

This endline survey was conducted in four randomly selected programs out of nine program VDCs. From each of the sampled VDCs, five wards were randomly selected. There was a group of 11 participant adolescent girls in each ward, and nine groups in a VDC. Altogether 20 wards were selected from the four sampled VDCs. All the adolescent girls (11 per wards) from the sample wards were approached for individual interviews. Thus, this survey successfully interviewed 220 (100% of the target) participant girls from four project VDCs over a period of two weeks in August 2002. For individual interviews, a set of structured questionnaires including closed-ended and open-ended questions was prepared with input from CEDPA and AMK. Likewise, a flexible guideline with open-ended questions was developed for focus group discussion and case studies.

1.6 DATA MANAGEMENT AND ANALYSIS

All completed questionnaires were manually coded and entered into dBase II computer package. Necessary data entry validity check was performed on randomly selected questionnaires. After cleaning (consistency checks of data entry), data were transferred into SPSS PC+ statistical software package for further processing and analysis. Frequencies and cross-tabulations were the main output of the analysis. Key information from the baseline study and special study (interrelationships between literacy and RH), which were conducted during December 1999 and February 2002 respectively, are also used for the comparison. The qualitative information collected through case studies and group discussions are used to supplement the quantitative results.

CHAPTER II: CHARACTERISTICS OF THE GIRLS

This chapter presents the socio-demographic characteristics of the adolescent girls covered by the surveys in the sampled VDCs of the Baglung district. Age composition, caste/ethnic distribution, marital status, educational attainment, type of work for the family, and type of decision maker in the family are discussed in this chapter.

2.1 AGE AND CASTE/ETHNICITY OF THE RESPONDENTS

Table 2.1 presents the age and caste/ethnicity of the respondents. The adolescent girls were quite young. Nearly three-fifths (57%) of the girls covered in the endline survey were less than 15 years of age. Slightly more than two-fifths of the girls (43%) were in the age group 15-19.

The adolescent girls were from various caste/ethnic communities. More than half of the girls (53%) were from disadvantaged communities such as Kami, Damai and Sarki (KDS). More than one-fourth (28%) respondents were from Brahmin/Chhetri and Thakuri (BCT) communities.

Table 2.1 Percentage Distribution of the Adolescent Girls by Age and Caste/Ethnicity

	Baseline 1999	Endline 2002
Age group		
10-14	40.7	56.8
15-19	59.3	43.2
Caste/Ethnicity		
Brahmin/Chhetri/Thakuri	11.0	27.7
Magar	16.3	19.5
Kami/Damai/Sarki	68.9	52.7
Others	3.8	0.0
Total %	100.0	100.0
Total N	209	220

2.2 MARITAL STATUS

Information regarding marital status was solicited from all of the adolescent girls interviewed. As Table 2.2 shows, almost all of the girls interviewed in the endline survey were unmarried (96%), whereas three-fourths (75%) were unmarried at the time of the baseline survey, before the groups were formed. This is evidence of the greater willingness and possibility of

inclusion of younger, unmarried girls to participate in the AGGs and thus in the endline survey.

Table 2.2 Percentage Distribution of the Adolescent Girls according to their Marital Status

<i>Marital Status</i>	Baseline 1999	Endline 2002
Unmarried	75.1	95.9
Married	24.9	4.1
Total %	100.0	100.0
Total N	209	220

2.3 TYPE OF WORK FOR THE FAMILY SUPPORT

Table 2.3 shows the involvement of the girls in work supporting family income. There was no change between the baseline and the endline survey. In both the surveys, half of the adolescent girls were reportedly doing something to support their family income. Slightly more girls in 2002 than in 1999 reported their involvement in farm labor. One in eight adolescent girls mentioned that they work as a construction labor to contribute to their family income.

Table 2.3 Percentage Distribution of the Adolescent Girls according to the type of works for the family support

	Baseline 1999	Endline 2002
<i>Whether working for support of family income</i>		
Yes	49.9	49.5
No	50.2	50.5
Total N	209	220
<i>Type of Work</i>		
Farm labor	74.0	82.0
Construction labor	14.4	11.7
Other	11.5	6.3
Total %	100.0	100.0
Total N	104	111

2.4 READING AND WRITING HABITS

Formal education is of great importance for the future of the children. It is in school that literacy and thinking capabilities are fostered and exercised, and knowledge is acquired. However, many children are deprived of schooling despite their willingness to attend.

The project has made the illiterate girls not only able to read and write but also to enroll in schools for formal education. Within a year of completing the Chelibeti classes, more than two-thirds of these girls (67%) enrolled in school. Most importantly, nearly all of the participants aged 10-14 years (93%) were enrolled in school (Literacy-RH study 2002).

Table 2.4 shows that nearly all of the adolescent girls (96%) were able to read in the last three months preceding the survey. Seven out of ten adolescent girls (71%) had read a school textbook and nearly half of the girls (47%) read a poster/pamphlet. More than a third of the girls had mentioned they read other books, papers and/or letters in the three months preceding the survey.

Similarly nearly nine out of ten adolescent girls (88%) mentioned that they wrote something in the three months preceding the survey. Seven in ten of the adolescent girls (71%) had reported that they continued writing with school tasks, and more than half reported they wrote letters to family members.

Table 2.4 Percentage distribution of respondents according to their reading and writing habits and materials

	Endline 2002
<i>Read something in the last three months</i>	
Yes	96.4
No	3.6
Total N	220
<i>Reading materials</i>	
School textbook	70.8
Other books	37.7
Papers	34.9
Poster/pamphlets	46.7
Letter	38.2
Song/Poem /Lalima	9.9
Total N	212
<i>Wrote something in the last three months</i>	
Yes	87.7
No	12.3
Total N	220
<i>Writing tasks</i>	
School task	70.5
Letter/application	54.9
Story	16.1
Others	7.8
Total N	193

Percentages total may exceed 100 due to multiple responses.

2.5 DECISION-MAKING FOR MARRIAGE

Marriage marks an important point in a girl's life. It has implications on several dimensions of life – ranging from schooling and work to reproductive health. Women who marry early will, on average, have a longer exposure to the risk of becoming pregnant. Therefore, marriage at an early age often leads to childbearing at an early age, higher maternal morbidity and high

fertility. One of the aims of the project was to enhance the adolescent girls capacity to communicate their ideas and negotiate for postponement of early marriage.

At the time of endline survey in 2002, more than three-fifths of the girls mentioned that parents and daughter jointly decide about a girl's marriage. Nearly one-fourth of the girls said only parents/guardians decide for girls' marriage. One in seven of the adolescent girls reported that the girl herself takes a decision for her marriage.

Although a majority of the girls favor joint decisions on marriage involving parents and girls, almost all of the girls are still not confident enough to negotiate for the postponement of their early marriage. Only one in 20 of the adolescent girls (5%) reported that they could postpone their marriage. Ninety-five percent of the girls perceived themselves as unable to postpone marriage if they do not want to marry.

Table 2.5 Percentage distribution of respondents according to their views on decision-making for girls marriage

	Endline 2002		
	10-14	15-19	All
<i>Decision maker for girl's marriage</i>			
Girl herself	6.4	25.3	14.5
Parents/guardians	30.4	15.8	24.1
Parents and daughter jointly	63.2	58.9	61.4
<i>Capacity to postpone marriage</i>			
Yes	4.0	5.3	4.5
No	96.0	92.6	94.5
Not sure	0.0	2.1	0.9
Total %	100.0	100.0	100.0
Total N	125	95	220

CHAPTER III: KNOWLEDGE AND ATTITUDE TO REPRODUCTIVE HEALTH

The present chapter examines the girls' knowledge about the changes that occur during adolescence, knowledge about pregnancy and family planning methods, and awareness of STI and HIV/AIDS.

3.1 KNOWLEDGE OF CHANGES THAT OCCUR DURING ADOLESCENCE

Adolescence is a transitional phase of life. In this stage, various signs and symptoms appear. Tables 3.1 shows the respondents' knowledge about physical changes that occur in the girls during adolescence. At the time of baseline survey in 1999, nearly half of the adolescent girls (49%) aged 10-14 could specify the changes that occurred in girls during adolescence compared to more than three fourths (77%) of those aged 15-19. By February 2002 (at the time of special RH-literacy study) nearly all of the adolescent girls with no variation of the age group could specify the changes that occur in the girls during adolescence.

In early 2002 (RH-literacy study), all of the adolescent girls could mention several changes that occurred in girls during adolescence, including "pimples appear" (92%), "oily skin" (86%), "hair growth in pubic area and underarms" (70%), and "breasts develop" (68%). Surprisingly, fewer girls (63%) cited "onset of menstruation" as one of the changes in a girls' life during adolescence (Table 3.1).

Table 3.1 Percentage distribution of respondents according to their knowledge about type of physical changes among girls during adolescence

	Baseline Dec. 1999			RH-Literacy study Feb. 2002		
	10-14	15-19	Total	10-14	15-19	Total
<i>Know at least one type of physical changes in girls during adolescence</i>						
Know	49.4	77.4	66.0	99.6	99.4	99.6
Don't know	50.6	22.6	34.0	0.4	0.6	0.4
Total N	85	124	209	544	346	890
<i>Physical changes</i>						
Menstruation begins	38.8	66.1	55.0	56.3	74.6	63.4
Breast develops	34.1	56.5	47.4	62.3	77.2	68.1
Hair grows in pubic area and underarm	13.0	35.5	26.4	58.3	70.0	70.2
Oily skin	0.0	0.0	0.0	83.6	90.0	86.2
Pimples appear	0.0	0.0	0.0	89.0	96.2	91.8
Growth spurt occurs	7.1	12.9	10.5	0.0	0.0	0.0
Don't know	50.6	22.6	34.0	0.4	0.6	0.4
Total N	85	124	209	544	346	890

Percentages total may exceed 100 due to multiple responses.

3.2 KNOWLEDGE ABOUT CONCEPTION

The fact that pregnancy occurs through sexual intercourse was known to over a half (55%) of the respondents at the time of the baseline survey in 1999. Older girls were more knowledgeable than younger girls. Less than one-fourth (24%) of the adolescent girls aged 10-14 compared with more than three-fourths of the girls (77%) aged 15-19 could specify that pregnancy occurs through sexual intercourse. By early 2002 (RH-Literacy study), all of the girls could mention the way pregnancy occurs: 93 percent of the girls said pregnancy occurs through sexual intercourse and nearly three-fifths of the girls (59%) mentioned that pregnancy occurs through sexual intercourse without using a family planning method.

All the adolescents' girls were asked *how a woman can prevent getting pregnant* to solicit information on their knowledge about ways of avoiding pregnancy. In 1999, nearly two-fifths of the girls could not specify ways to avoid pregnancy, and over two-thirds of the girls among those aged 10-14. Only slightly more than half of the girls (54%) cited using contraception and less than one in ten of the girls (8%) mentioned women can prevent pregnancy from abstaining from sex. By early 2002 (RH-Literacy study), all of the girls could specify at least one of the correct ways a woman can prevent getting pregnant (Table 3.2).

Table 3.2 Percentage distribution of respondents according to their awareness regarding conception (pregnancy) and its prevention

	Baseline Dec.1999			RH-Literacy study Feb. 2002		
	10-14	15-19	Total	10-14	15-19	Total
<i>How does a woman get pregnant?</i>						
Sexual intercourse between a boy and a girl	23.5	77.4	55.5	91.7	93.9	92.6
Sexual intercourse without FP method use	0.0	0.0	0.0	57.9	58.5	58.5
Don't know	76.5	22.6	44.5	1.3	0.9	1.1
Total N	85	124	209	544	346	890
<i>How does a women prevent getting pregnant?</i>						
Abstaining from sex	2.4	12.1	8.1	78.3	73.4	76.4
Using contraception	29.4	70.2	53.6	67.5	75.4	70.6
Don't know	68.2	17.7	38.3	0.9	0.9	0.9
Total N	85	124	209	544	346	890

Percentages total may exceed 100 due to multiple responses.

3.3 PERCEPTION ABOUT CARE DURING PREGNANCY

Knowledge about preventive activities that should be taken during pregnancy increased dramatically by the end of the program. A large majority of the girls in early 2002 could mention the need of TT injection, maintaining personal hygiene and avoiding smoke/alcohol during pregnancy. None of the girls mentioned these activities at the beginning of the project in 1999. A radical increase was noticed in the proportions of the girls aware of the importance of nutritious food (40% to 94%) and routine check-ups during pregnancy (22% to 74%) (Table 3.3).

Table 3.3 Percentage distribution of respondents according to their perception of care needed during pregnancy

<i>Care needed during pregnancy</i>	Baseline Dec.1999			RH-Literacy study Feb. 2002		
	10-14	15-19	Total	10-14	15-19	Total
Nutritional food	20.0	45.2	39.9	93.8	94.2	93.9
Routine pregnancy check-up	8.2	31.5	22.0	70.4	78.3	73.5
TT Vaccine	0.0	0.0	0.0	67.6	73.4	69.9
Maintain personal hygiene	0.0	0.0	0.0	55.0	66.8	59.6
Avoid smoke and alcohol	0.0	0.0	0.0	47.2	50.6	48.5
Light work and sufficient rest	32.9	40.3	37.3	23.2	20.5	22.1
Avoid medicines without prescription	5.9	24.2	16.7	10.8	10.4	10.7
Don't know	52.9	18.5	32.5	1.5	0.3	1.0
Total N	85	124	209	544	346	890

3.4 AWARENESS OF FAMILY PLANNING METHODS

Awareness of family planning (FP) methods became universal among these girls. Since as high as 84 percent of such adolescent girls had heard of FP methods before the program, the increase does not appear noticeable. However, the increase in knowledge of FP methods among younger girls is remarkable. In 1999, awareness of FP methods was relatively low among the girls aged 10-14 years (64%). By early 2002 (RH-literacy study), nearly all of the younger girls were aware about at least one FP method (Table 3.4).

Table 3.4 Percentage distribution of respondents according to their awareness about Family planning methods

<i>Have you heard of FP method?</i>	Baseline Dec.1999			RH-Literacy study Feb. 2002		
	10-14	15-19	Total	10-14	15-19	Total
Yes	63.5	98.4	84.2	98.7	99.7	99.1
No	36.5	1.6	15.8	1.3	0.3	0.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	85	124	209	544	346	890

As shown in Table 3.5, condoms and pills are the most widely known methods to the adolescent girls (89-96%). Four-fifths of the girls (81%) had heard about DMPA (injectables) and nearly half of the girls had heard about Norplant (48%) and Copper-T (45%). More than one in seven adolescent girls (17%) said they knew about foaming tablets.

In 1999, nearly one-third of the girls couldn't specify the place where an FP method could be obtained. By early 2002 (RH-literacy study), all of the girls who knew about contraceptive methods also knew at least one place to obtain a method. Most importantly, more than four-fifths of the girls (84%) knew that contraceptives could be obtained from health facilities. Awareness about medical shops as a source of FP methods rose to 68 percent during the project period (Table 3.5).

Table 3.5 Percentage distribution of respondents according to their knowledge on sources of FP methods in the village

	Baseline Dec.1999	RH-Literacy study Feb. 2002
<i>FP Methods</i>		
Pills	51.7	89.3
Condom	57.4	96.0
DMPA	72.2	80.7
Norplant	17.2	48.4
Copper T	19.6	45.2
Foaming tablets	23.9	16.7
Permanent method	74.2	42.1
<i>Sources of FP methods</i>		
Health facilities	60.7	84.0
Female health volunteer	6.2	44.8
Medical store	12.0	67.5
MCHV	0.0	24.4
Don't know	31.1	0.5
Total N	176	882

3.5 AWARENESS OF STIs AND HIV/AIDS

Awareness about sexually transmitted diseases (STIs) increased sharply over the project period. In 1999, only about one fourth of the girls (23%) had heard of sexually transmitted disease. Less than one in ten (9%) girls aged 10-14, compared with nearly one third of the girls (32%) aged 15-19 had heard of STIs. By early 2002, the awareness of STIs increased to be nearly universal (96%).

Likewise, awareness about HIV/AIDS was low (42%) at the beginning of the project, when only one-fifth of the girls (20%) aged 10-14 and nearly three-fifths of the girls (57%) aged 15-19 had heard about HIV/AIDS. By early 2002, all of the girls (99%) mentioned they had heard about HIV/AIDS.

Table 3.6 Percentage distribution of respondents awareness of Sexually Transmitted Infections (STIs) and HIV/AIDS

	Baseline Dec.1999			RH-Literacy study, Feb. 2002		
	10-14	15-19	Total	10-14	15-19	Total
<i>Heard of STIs</i>	9.4	32.3	23.0	96.3	96.5	96.4
<i>Heard of HIV/AIDS</i>	20.0	56.5	41.6	98.7	98.8	98.8
Total N	85	124	209	544	346	890

CHAPTER IV: AVAILABILITY AND UTILIZATION OF HEALTH FACILITIES

This chapter presents major health problems experienced by the girls, their perception about the problems, health seeking behavior, perceived difficulties to visit the facilities, and preferred person to discuss/share health problems.

4.1 MAJOR HEALTH PROBLEMS

More than three-fifths of the adolescent girls (69%) had experienced a health problem in the last one year preceding the endline survey in mid 2002. Among the girls who had experienced a health problem, most of them (94%) reported fever/headache/cold. More than one-fourth of them (27%) experienced lower abdominal pain. Experience of lower abdominal pain was higher among older girls (51%) than younger girls (8%). Twenty-nine percent of the adolescent girls had experienced diarrhea in the last one year (Table 4.1).

Table 4.1 Percentage distribution of respondents according to whether they experienced a health problem

	Endline 2002		
	10-14	15-19	Total
<i>Experienced a health problem/illness since the last year</i>			
Yes	67.2	70.5	68.6
No	32.8	29.5	31.4
Total %	100.0	100.0	100.0
Total N	125	95	220
<i>Type of health problem</i>			
Fever/Headache/Cough	96.4	91.0	94.0
Diarrhea	28.6	29.9	29.1
Lower abdominal pain	8.3	50.7	27.2
Body parts pain	11.9	7.5	9.9
Painful urination	0.0	11.9	5.3
Measles/asthma	7.1	3.0	5.3
Wound/injury	3.6	1.5	2.6
Heavy bleeding	1.2	3.0	2.0
Genital discharge/itching	0.0	3.0	1.3
Mental stress	0.0	1.5	0.7
Total N	84	67	151

4.2 HEALTH SEEKING BEHAVIOR

Among the adolescent girls who had experienced a health problem in the last one year before the survey, nearly all reported that the problem was serious. Only one in 12 of the girls (8%) cited the problem as normal. Among those who experienced a serious health problem, seven in ten adolescent girls (70%) visited a health post/sub-health post (HP/SHP) for treatment. One-fifth of the adolescent girls (20%) had visited hospital for treatment. One in 14 (7%) of the adolescent girls reported that they visited private clinic for treatment of the problem (Table 4.2).

Table 4.2 Percentage distribution of respondents according to perceived seriousness of a health problem and health care seeking behavior in the last one year preceding the survey

	Endline 2002		
	10-14	15-19	Total
<i>Seriousness of the problems</i>			
Yes	90.5	94.0	92.1
No	9.5	6.0	7.9
Total %	100.0	100.0	100.0
Total N	84	67	151
<i>Consulted to the health provider/facility for treatment</i>			
HP/SHP	68.8	71.4	70.0
Hospital	22.1	17.5	20.0
Private clinic	6.5	7.9	7.1
Doctor	1.3	1.6	1.4
TBA/FCHV	1.3	1.6	1.4
Total %	100.0	100.0	100.0
Total N	76	63	139

Percentage total may exceed 100 due to multiple responses.

4.3 DIFFICULTIES IN VISITING PREFERRED SOURCES FOR TREATMENT

Almost all of the adolescent girls (91%) reported that they didn't feel any difficulty in visiting preferred sources for treatment. Only five percent of adolescent girls mentioned that they felt shy and the same percentage of girls could not visit the preferred sources due to the cost of service.

Table 4.3 Percentage distribution of respondents who experience RH problems according to perceived difficulties to visit preferred place for treatment

<i>Perceived difficulties in visiting facilities</i>	Endline 2002		
	10-14	15-19	All
No difficulty	88.8	93.7	90.9
Feel shy	5.6	3.2	4.5
Cost of service	5.6	3.2	4.5
Total %	100.0	100.0	100.0
Total N	125	95	220

4.4 PREFERRED PERSON TO DISCUSS RH ISSUES

Over the program period, the adolescent girls became able to identify an appropriate person to consult with on RH issues of their concern. They have different preferences on the basis of the type of the RH issue. At the beginning of the program, there were substantial proportions of girls (one-fourth to over one-half) who desired not to consult with anyone on RH issues. By the end of the program, almost all the girls could identify with whom they would like to discuss RH issues.

For example, at the time of baseline survey in 1999, more than half of the girls (54%) did not prefer to talk to any one about personal hygiene. By 2002, only one percent of girls were still hesitant to consult on this topic.

Table 4.4 Percentage distribution of respondents according to preferred persons to consult/contact about a specific RH problem

<i>RH Problems</i>	Baseline 1999					Endline 2002				
	No one	Mother	Health worker	Other *	Don't know	No one	Mother	Health worker	Other *	Don't know
Personal hygiene	53.6	23.4	2.4	17.7	2.9	1.4	38.2	0.5	40.5	0.0
Care during menstruation	25.8	44.0	3.3	23.6	3.3	0.0	71.4	5.5	23.1	0.0
Menstruation problem	27.8	39.7	6.2	22.0	4.3	0.0	66.4	13.2	20.4	0.0
Pregnancy/pregnancy prevention	34.4	11.5	10.0	23.5	20.6	1.4	16.8	64.1	19.1	0.0
STIs	37.3	9.1	8.2	19.6	25.8	0.9	12.7	71.4	15.9	0.0

*= such as sister, friend, relative, TTBA, etc.

CHAPTER V: EDUCATION AND GENDER ISSUES

This chapter examines the perception of the girls about importance of education, perception about gender equality, and perception about sexual abuse.

5.1 PERCEPTION ABOUT IMPORTANCE OF EDUCATION

The girls became aware of the importance of education in life. In 1999, less than four-fifths of the adolescent girls (79%) stated that education is highly important. At the time of endline survey in 2002, all of the adolescent girls considered education as highly important and said that they would recommend other illiterate girls participating formal/non formal classes.

Mothers have also realized the importance of education for daughters. During a group discussion, a mother said:

Daughters have to look after their siblings and do household work. When she asked permission to study, we replied, "Whether you study or not, you have to go to your husband's house eventually". Now seeing her learning so much after the study, we realize that daughters should be educated. Now they are going to school after doing household work.

Table 5.1 Percentage distribution of respondents according to perceived importance of education for human life

How important is education?	Baseline 1999	Endline 2002
Highly	78.9	100.0
Mode rately	13.9	0.0
Not important	0.5	0.0
Don't know	6.7	0.0
Total %	100.0	100.0
Total N	209	220

5.2 CONFIDENCE TO SPEAK AGAINST GENDER DISCRIMINATION

At the time of baseline survey in 1999, nearly half of the girls (46%) felt that boys and girls are treated differently in the family. At the time of endline survey in 2002, almost all the respondents (99%) reported they could talk to parents or guardians if they perceived discrimination against a daughter in the family.

Most of the girls (86%) mentioned they could talk to people in the village if there was discrimination against girls, and treat boys and girls equally in the society. More of the older girls (91%) than younger girls (82%) expressed confidence to talk with people against gender-based discrimination.

Table 5.2 Percentage distribution of respondents able to talk with parents or people in the villages if they discriminate against girls

	Endline 2002		
	10-14	15-19	All
<i>Able to talk with parents to treat equally if they discriminate against girls</i>	99.2	98.9	99.1
<i>Able to talk with people in the village to treat equally if they discriminate against girls</i>	81.6	90.5	85.5
Total N	125	95	220

5.3 CONFIDENCE TO DEAL WITH SEXUAL ABUSE

During the baseline survey, the respondents were asked whether they had heard of sexual abuse against girls. Only one-third of the girls (33%) reported that they had heard of sexual abuse. Besides enhancing awareness on sexual abuse, the program tried to help the girls identify the appropriate measures to deal with sexual abuse. During the endline survey, the girls were asked: “What should a girl do if serious sexual abuse takes place to her?” Almost all of the girls (99%) cited at least one activity to deal with serious sexual abuse. Nearly two-thirds of the adolescent girls (65%) mentioned that a girl should go to the police if serious sexual abuse takes place to her. Three-fifths of the girls (60%) reported that the offender should be punished socially. Nearly two-thirds of the girls (59%) mentioned that the victim should complain to the Village Development Committee (VDC). Nearly one-fifth (18%) wished to report to Mothers’ Groups.

Table 5.3 Percentage distributions of respondents according to activities they would do against sexual abuse

<i>What should a girl do if serious sexual abuse takes place to her?</i>	Endline 2002		
	10-14	15-19	All
Go to police	63.2	67.4	65.0
Punish socially	56.0	65.3	60.0
Complain to VDC/Ward office	56.8	61.1	58.6
Complain to mothers group	19.2	16.8	18.2
Go to court	6.4	11.6	8.6
Don't know	1.6	0.0	0.9
Total N	125	95	220

Percentages total may exceed 100 due to multiple responses.

CHAPTER VI: COMMUNICATION WITH PARENTS

The present chapter describes the preferred person to discuss personal matters, perceived difficulties to communicate with parents/guardians and perception about girls' involvement in the family decision-making.

6.1 PREFERRED PERSON TO DISCUSS PERSONAL MATTERS

In 1999, just over a half of the girls (54%) said that they discuss they preferred discussing their personal matters with their parent or others. The percentage varied by age with nearly a half of the girls (49%) aged 10-14 and nearly three-fifths of the girls (57%) willing to discuss such matters at the time of baseline survey. Discussions about personal matters increased sharply by the time of endline survey. In 2002, all of the adolescent girls (100%) said they discuss personal matters with others (Table 6.1).

Table 6.1 Percentage distributions of respondents according to communication with parents or others about personal matters

<i>Discuss personal matters</i>	Baseline 1999			Endline 2002		
	10-14	15-19	All	10-14	15-19	All
Yes	49.4	57.3	54.1	100.0	98.9	99.5
No	50.6	42.7	45.9	0.0	1.1	.5
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	85	124	209	125	95	220

Among those who discussed personal matters, most adolescent girls preferred discussions with mothers compared with other family members (Table 6.2).

Table 6.2 Percentage distributions of respondents according to their preferred person to talk about a personal matter

<i>Preferred person to talk about a personal matter</i>	Endline 2002		
	10-14	15-19	All
Father	12.0	6.4	9.6
Mother	84.8	86.2	85.4
Sister	.8	5.3	2.7
Others*	2.4	2.1	2.3
Total %	100.0	100.0	100.0
Total N	125	94	219

*Mother-in-law/father-in-law, sister-in-law, aunt

6.2 PERCEIVED DIFFICULTIES TO COMMUNICATE WITH PARENTS/GUARDIANS

The adolescent girls' confidence to talk with parents increased sharply over the period. In 1999, more than a half of the adolescent girls (55%) mentioned that they feel difficulty to communicate with their parents. That is, only 45 percent girls had some confidence to communicate with their parents. By 2002, all but 5 percent of the girls expressed confidence to talk with their parents (Table 6.3).

Table 6.3 Percentage distributions of respondents according to difficulties to communicate with parents/guardians

	Baseline 1999	Endline 2002
<i>Have at least one difficulty to communicate with parents/guardians</i>		
Yes	55.5	5.0
No	44.5	95.0
Total %	100.0	100.0
Total N	209	220
<i>Types of difficulty</i>		
Scared to talk	67.2	72.7
Feel shy	55.2	45.5
Parents do not listen	8.6	27.3
Parents do not encourage	1.7	0.0
Total N	116	11

Percentages total exceeds 100 due to multiple responses.

6.3 PERCEPTION ABOUT GIRLS INVOLVEMENT IN DECISION-MAKING ON FAMILY ISSUES

At the beginning of the program, slightly more than two-thirds of the adolescent girls (68%) felt that their parents should seek their advice on family matters. At the end of the program, almost all of the adolescent girls (96%) perceived that they should be involved in the process of decision-making on family matters (Table 6.4).

Table 6.4 Percentage distributions of respondents according to their perception about girls' involvement in decision-making in family matters

<i>Should parents/guardians seek advice on family matters</i>	Baseline 1999	Endline 2002
Yes	67.5	95.9
No	17.2	2.7
Don't know	15.3	1.4
Total %	100.0	100.0
Total N	209	220

Before the intervention, almost half of the adolescent girls (49%) mentioned that their parents/guardians never seek their advice on family matters. At the end of the program, almost all of the girls (96%) mentioned that their parents/guardians seek their advice. The proportion of the girls usually involved in the discussions on family matters increased threefold -- from 17 percent to 49 percent (Table 6.5).

Table 6.5 **Percentage distribution of respondents who reported parents/ guardians seek advice on family matters**

<i>Parents/guardians seek advice on family matters</i>	Baseline 1999	Endline 2002
Usually	17.2	49.3
Occasionally	33.5	47.9
Never	49.3	2.8
Total %	100.0	100.0
Total N	209	220

CHAPTER VII: PARTICIPATION IN AND BENEFITS FROM THE PROGRAM

This chapter describes the girls' perception about the usefulness of the *Chelibeti Samuha* (girls' group), type of activities they performed after participating in the program, the type of event they participated in, involvement in the development activities, communication with community leaders/organization about girls needs and rights, changes brought from the girls group and perceived best activities of the adolescent girls' program.

7.1 PERCEIVED USEFULNESS OF THE GIRLS GROUPS

A group of adolescent girls was formed in each of the nine wards of the program VDCs in Baglung district. Each group consisted of 11 adolescent girls including a president, a secretary and nine members. Twenty-seven facilitators were trained to run 27 *chelibeti kaksha* (girls' literacy classes). In addition to running the classes, the facilitators encouraged and convinced the parents and community members to support the girls' groups.

During the endline survey, the respondents were asked how useful the girls' groups are. All of the adolescent girls mentioned that the girls' group was useful, with 88 percent reporting as very useful and the rest 12 percent reporting as useful (Table 7.1).

Table 7.1 Percentage distributions of respondents according to their perception about the usefulness of working in the girls' group

<i>Perceived usefulness of the Girls' Group</i>	Endline 2002		
	10-14	15-19	All
Very useful	89.6	85.3	87.7
Useful	10.4	14.7	12.3
Total %	100.0	100.0	100.0
Total N	125	95	220

7.2 ACTIVITIES PERFORMED WHILE PARTICIPATING THE PROGRAM

All the adolescent girls were involved in learning one or more activities during their participation in the program. By the time of the endline survey in 2002, these adolescent girls reported that they had not only learned reading and writing skills from the classes, but also learned/performed several specific skills, such as maintaining personal hygiene (100%), cleaning a source of drinking water in their communities (99%), visiting health facilities (99%), making an improved toilet (97%) and making a smokeless oven (48%).

Table 7.2 Percentage distribution of respondents performing activities in the adolescent girls' group

	Endline 2002		
	10-14	15-19	All
<i>Making a smokeless oven</i>	48.0	47.4	47.7
<i>Making an improved toilet</i>	97.6	96.8	97.3
<i>Cleaning a source of drinking water</i>	98.4	100.0	99.1
<i>Visiting health facilities</i>	98.4	98.9	98.6
<i>Maintaining personal hygiene</i>	100.0	100.0	100.0
Total N	125	95	220

In addition to getting involved in various activities, the girls were encouraged to communicate with other people about the knowledge gained from the program. All of the respondents of the endline survey reported that they talked with other people about the knowledge and skill gained from the program. Almost all of the girls talked with their friends (91%) followed by parents/guardians (82%) and sisters (68%) about the knowledge and skill gained. However, sharing of the knowledge was quite low with brothers (24%) and adults in the community (21%) (Table 7.3).

Table 7.3 Percentage of respondents according to the person with whom they talked about the knowledge gained from the program

Person talked with	Endline 2002		
	10-14	15-19	All
Friends	88.8	93.7	90.9
Sisters	71.2	63.2	67.7
Brothers	24.8	23.2	24.1
Parents/guardians	84.0	80.0	82.3
Other family members/relatives	17.6	22.1	19.5
Adults in the neighborhood	17.6	25.3	20.9
Total N	125	95	220

Percentages total may exceed 100 due to multiple responses.

7.3 TYPE OF EVENTS PARTICIPATED IN WHILE MEMBER OF THE GROUP

All of the adolescent girls had participated at least one social event while participating in the groups. Almost all of the girls mentioned they participated in vitamin A day (98%), national reading campaign (96%), polio day (96%) and women's day (83%) after the involvement of the girls' group. It is notable that nearly one-fourth of the adolescent girls (24%) mentioned they had participated in the Girls' Congress (Table 7.4).

Table 7.4 Percentage distributions of respondents who participated in different social events in the adolescent program

	Endline 2002		
	10-14	15-19	All
<i>Polio day</i>	95.2	95.8	95.5
<i>Vitamin 'A' day</i>	100.0	95.8	98.2
<i>AIDS day</i>	9.6	10.5	10.0
<i>Women's day</i>	80.8	85.3	82.7
<i>Reading campaign</i>	96.8	94.7	95.9
<i>Condom day</i>	11.2	20.0	15.0
<i>Girl's Congress</i>	22.4	26.3	24.1
Total N	125	95	220

Nearly three-fourths of the adolescent girls (72%) reported that they were involved in promotional activities of the events; half of them (53%) joined the rally also. Around one-fifth of the girls (21%) contributed to the social events as an observer/audience. One in seven adolescent girls (15%) reported they managed the social events (Table 7.5).

Table 7.5 Percentage distributions of respondents according to their contribution or participation of the social events

<i>Contribution for the social events</i>	Endline 2002		
	10-14	15-19	All
Promotional activities	68.0	76.8	71.8
Management	12.8	16.8	14.5
Joined rally	50.4	55.8	52.7
Observer/audience	20.8	22.1	21.4
Participate on Programs	1.6	1.1	1.4
Total N	125	95	220

Percentages total may exceed 100 due to multiple responses.

7.4 GIRLS INVOLVEMENT IN THE DEVELOPMENT ACTIVITIES

More than a half of the girls (52%) said they had talked with other people/organizations in the village/districts about starting a development project. Not surprisingly, more of the older girls (64%) than younger girls (42%) took initiative in talking with community leaders/organization for development projects in their villages.

Slightly more than three-fourths of the girls (78%) mentioned they took part in some development projects in their villages. Such involvement varied with age group, with more of the older girls (88%) than younger girls (70%) taking part in some development projects (Table 7.6).

Table 7.6 Percentage distributions of respondents who talked with the community leaders or any organization for development projects in their village and their involvement in the development projects

	Endline 2002		
	10-14	15-19	All
Talked to community leaders/organizations for development projects in their village	42.4	64.2	51.8
Involvement of the development projects	70.4	88.4	78.2
Total N	125	95	220

The community leaders/stakeholders participating the group discussions in all the four VDCs covered during the endline survey mentioned that the girls actively participated in the development projects. In one VDC, these adolescent girls were also reported as talking with the community leaders about the development projects.

7.5 COMMUNICATION WITH COMMUNITY LEADERS/ORGANIZATIONS ABOUT GIRLS' NEEDS AND RIGHTS

Normally, it is observed that adolescent girls in rural settings feel uncomfortable to talk with adults and leaders in the villages. However, the girls participating in this program appear to be comfortable to talk with their elders.

Nearly three-fifths of the adolescent girls (58%) said they talked about girls' needs and rights with community leaders or organizations. Communication with community leaders or organizations varied with age group. Nearly a half of the girls aged 10-14 and nearly three-fourths of the older adolescents talked with community leaders and organizations about the issues.

Among these adolescent girls who talked about girls' needs/rights with community leaders/organizations, one-fourth of the girls (26%) felt very comfortable and seven in ten girls (70%) felt comfortable. Only one in 20 adolescent girls (5%) said they felt fear or shyness to talk them (Table 7.7). During group discussion with the research team, the community leaders also verified that the girls could confidently talk with them.

Table 7.7 Percentage distribution of respondents who talked to the community leaders or organizations about girls need and rights

<i>Talked about girls needs/rights with community leaders/ organizations</i>	Endline 2002		
	10-14	15-19	All
Yes	47.2	72.6	58.2
No	52.8	27.4	41.8
Total %	100.0	100.0	100.0
Total N	125	95	220
<i>Respondents' feeling at the time of talking with community leaders</i>			
Very comfortable	28.8	23.2	25.8
Comfortable	66.1	72.5	69.5
Not comfortable (fear/shyness)	5.1	4.3	4.7
Total %	100.0	100.0	100.0
Total N	59	69	128

7.7 CHANGES BROUGHT FROM ADOLESCENT GIRLS PROGRAM

The program has brought several important changes in the lives of the girls. The changes range from the maintenance of personal hygiene to the ability to raise a voice in the public forums. More than four-fifths of the girls said they learned about sanitation (83%) and now they could maintain good personal hygiene. Similarly nearly three-fifths of the adolescent girls (58%) said they are now able to read and write, and two-fifths of the girls gained knowledge on health. Nearly one-third of the girls reported (32%) they could talk with confidence in the meeting and with other people (Table 7.8, also see case study in the boxes at beginning).

Table 7.8 Percentage distribution of respondents according to their perception about changes brought about from adolescent girls' program

<i>Perceived changes</i>	Endline 2002		
	10-14	15-19	All
Maintains sanitation/personal hygiene	82.4	83.2	82.7
Literate	56.8	58.9	57.7
Knowledge on health	36.8	46.3	40.9
Confidently talk/involve in meeting	30.4	33.7	31.8
Knowledgeable on reproductive health	32.8	27.4	30.5
Makes improved toilet/oven	24.0	22.1	23.2
Aware of ideal age at marriage	24.0	12.6	19.1
Aware of check-up	11.2	11.6	11.4
Knowledgeable on AIDS/STIs	9.6	13.7	11.4
Aware of ideal number of children	3.2	9.5	5.9
Agriculture	4.8	1.1	3.2
Gender equality	4.0	0.0	2.3
Able to decide right/wrong	2.4	1.1	1.8
Total N	125	95	220

Percentages total may exceed 100 due to multiple responses.

During focus group discussions, community leaders and mothers also reported that the program contributed to bringing changes in the knowledge and behaviors of the girls, as follows:

CHANGES BROUGHT ABOUT THROUGH PARTICIPATION IN GIRLS' GROUP

Community Leaders' Observations

- Feels the need to educate oneself
- Knowledge about personal hygiene and put it into practice
- Speak politely
- Do not hesitate to speak
- Go for check up at health post and take him/her along
- Eat rich food and those that contain vitamins
- Do not eat stale food
- Keep surroundings clean
- Aware about unsafe sex and have knowledge regarding pre-marital sex.
- Knowledge about changes that occur during adolescence age.
- Able to speak out problem with guardian and health workers
- Able to decide what is right and what is wrong
- Able to advise people not to take alcohol
- Knowledge related to menstruation
- Able to speak out to guardians who are for early marriage
- Knowledge regarding the risk of early childbirth
- Aware about one's right

Mothers' Observations

- Have started taking bath from time to time, wear clean clothes, wash clothes, wash their hands and legs before entering the house
- Started to clean surroundings and sources of drinking water
- Started to use toilet, wear slipper while going toilet, wash hand with soap afterward
- Started to visit health post during sickness
- Started to cover drinking water vessel and drink boiled water during sickness
- No more hesitant to talk
- Could speak for equal rights
- Prefer to study and to go school
- Started to have fresh and nutritious food
- Have stopped taking stale food
- Have started farming green vegetables
- Have planted trees and flowers around the house
- Could tell what they learnt
- Started to visit the health post

7.8 BEST ACTIVITIES OF THE PROGRAM

Adolescent girls mentioned several activities of the program as the best activities. More than three-fifths of the respondents (61%) reported that they are able to make improved toilets. Fifty-eight percent are able to identify the condition associated with anemia (58%). Nearly a half of the adolescent girls (47%) described “sanitation program” and nearly a fifth (17%) of the girls perceived “involvement in social work” as the best activities of the program to them. One in ten girls mentioned Girls Congresses as one of the best activities of the program. The Girls Congresses - the first of their kind in Nepal - were organized first in Pokhara and then in Kathmandu. Adolescent representatives from Baglung and other parts of country voiced their concern in front of policymakers, program managers and donors from government agencies and non-governmental organizations (for detail, see Project Report of AMK).

Table 7.9 Percentage of respondents describing specific activity as the best activity carried out after participating in the program

	Endline 2002		
	10-14	15-19	All
Make improved toilets/ovens	56.8	67.4	61.4
Detected worm/anemia	66.4	47.4	58.2
Sanitation program	47.2	47.4	47.3
Involved in social work	20.0	13.7	17.3
Provide health knowledge	6.4	14.7	10.0
<i>Kishori</i> (girls) congress	8.0	12.6	10.0
Encourage to read/write	4.0	10.5	6.8
Participate in women/polio day	0.8	2.1	1.4
Provide knowledge about AIDS/STIs	1.6	0.0	0.9
Talks confidently	0.8	0.0	0.5
Provide knowledge about RH	0.0	1.1	0.5
Total N	125	95	220

Percentages total may exceed 100 due to multiple responses.

CHAPTER VIII: SUMMARY AND CONCLUSIONS

8.1 SUMMARY

This study assesses the achievements of the project called “Adolescent Girls Initiative For Their Reproductive Health” (A GIFT for RH Project) implemented in the nine Village Development Committees in the Baglung district by AMK, with technical and financial support from CEDPA. The approach of the program was to organize groups of illiterate and out-of-school adolescent girls and impart knowledge and skills on literacy and health care through non-formal education.

The majority of the adolescent girls (53%) participating in the program came from disadvantaged communities. Half of the girls worked to support the family income. Nearly all of the adolescent girls (96%) can read and 88 percent can write. Now, more than three-fifths of the girls mentioned that parents and daughter should jointly decide about a girl's marriage.

An important finding of this study was that the program was highly successful in improving knowledge, attitudes and health care practice. All adolescent girls (99%) who had experienced health problems reported that they shared their problems with their parents. Nearly all of the girls (93%) who had experienced health problems had consulted health provider or health facilities. Most of these adolescent girls (91%) mentioned that they didn't feel any difficulty to visit/consult the health facilities.

All of the adolescent girls realized that education is highly important. All of them recommended that other illiterate girls participate in such activities. Almost all of the girls built confidence to talk with parents and other people in the society if they were discriminated against.

The girls appeared confident to discuss personal matters with others. However, their preferences varied. More girls preferred to discuss with their mother about their personal matters. Most of the girls realized that the girls should be involved in deciding their marriage but only less than 5 percent of them felt confident enough to negotiate for postponement of their marriage.

All of the girls interviewed perceived the program as useful. They gained knowledge and skills that were directly applicable to their lives. They made smokeless ovens, improved toilets, visited health facilities and were able to maintain personal hygiene after getting involved in the girls' groups. All the girls shared to the relatives and other people in the community the knowledge gained from program. Nearly all of the girls started taking part in many social events such as polio day, vitamin 'A' day, women's day and reading campaign.

More than a half of the girls talked to community leaders/organizations about development projects in their villages. More than three-fifths of them were involved in development activities. The information from group discussions with community leaders shows that their

participation in development projects was universal, and they had even taken initiative in some instances.

Nearly three-fifths of the girls talked about girls' needs or rights with community leaders or organizations. Almost all of the girls said they felt comfortable talking with them. All of the girls have noticed changes in several aspects of their lives after their involvement in the program.

8.2 CONCLUSION

The impact of the program is clearly visible in terms of increased literacy and knowledge about reproductive health among the adolescent girls participating the program. The advantages of using literacy classes to teach adolescent girls about reproductive health and other matters are evident from the fact that the girls not only learned reading and writing but also changed their health care practices. Although the intervention appears to be quite successful in enhancing awareness on reproductive health issues among the adolescent girls, it is difficult to be sure that they will continue to maintain these practices. Sustaining the program for a longer term is desirable for greater impact on practice. Their negotiation skills on reproductive decision-making are yet to be enhanced.

The program appears successful in empowering these girls to take part in community lives. The ability of the girls to interact with seniors within and outside the family is an important outcome of the program. Involvement of the girls in development projects is a significant contribution of the program towards the development of leadership capabilities among the girls. The girls' initiative for and influential participation in public forums such as Adolescent Girls Congress presents a unique example of the achievement of the program. However, in the absence of the control group, it is difficult to ascertain the extent to which the program itself contributed to empowering these girls to be able to participate in and take initiative for development projects in their localities. Moreover, any future intervention should emphasize enhancing negotiation skills of the girls.